

APPLICATION





Helping San Diegans Save Energy!

DEPARTMENT Department							
NAME				PHONE			
ADDRESS	CITY	STATE	ZIP	SOCIAL S	SECURITY NUMBER		
						,	
GROSS ANNUAL HOUSEHOLD INCOME		NUMBER OF PE		SONS IN HOUSEHOLD		YEAR HOUSE WAS BUILT	
\$							
WHICH PACKAGE ARE YOU APPLYING FOR?		,					
□ PACKAGE 1 □					PACKAGE 2		
 Insulation R-30 Dual Pane Windows U-factor and SHGC of .40 or less Furnace with AFUE of 90% or better and all of 							
Low Flow Shower Heads Water F					age 1 items		
WHAT IS THE SIZE OF YOUR HOME (SQUARE FE	EET)? HOW N	MANY WIND	OWS DO YOU HA	/E?	HOW MANY	GLASS DOORS DO YOU HAVE?	
WHAT IS YOUR AVERAGE MONTHLY GAS AND ELECTRIC BILL?							
	1				1		
DO YOU HAVE AIR CONDITIONING?	IF SO, HOW OFTEN				HOW OFTEN DO Y	OU USE THE FURNACE?	
Yes	☐ Summer		hours/day		Summer	hours/day	
□No	☐ Winter	☐ Winter hours/day			☐ Winter	hours/day	
IS YOUR HOUSE SHADED FROM THE SUN?	YOUR HOUSE SHADED FROM THE SUN? HOW MUCH OF THE HOUSE IS SHADED?			FOR HOW LONG?			
HOW DID YOU HEAR ABOUT THE WHOLE HOUSE RETROFIT PROGRAM?							
HOW DID YOU HEAR ABOUT THE WHOLE HOUSE RETROFTT PROGRAW!?							
I agree to read and comply with the terms specified on the Access Agreement (please see reverse).							
LIABILITY DISCLAIMER: I hereby affirm under penalty of perjury that the above information is current and correct.							
HOMEOWNER SIGNATURE			DATE				
IMPORTANT: California consumers are not obligated to purchase any full service or other service not funded by this program. This program is funded by California utility ratepayers under the auspices of the California Public Utilities Commission.							

IMPORTANTE: Los consumidores en California no estan obligados a comprar servicios completos o adicionales que no esten cubiertos bajo este programa. Este programa esta financiado por los usuarios de servicios públicos en California bajo la jurisdiccion de la Comisión de Servicios Públicos de California.